


1. DATE ISSUED: 12/23/2009		2. PROGRAM CFDA: 93.914		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act Section 2601 et seq. and Section 2693																																																					
3. SUPERCEDES AWARD NOTICE dated: 08/24/2009 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																									
4a. AWARD NO.: 6 H3MHA08475-03-02		4b. GRANT NO.: H3MHA08475				5. FORMER GRANT NO.:																																																			
6. PROJECT PERIOD: FROM: 08/01/2007 THROUGH: 07/31/2010																																																									
7. BUDGET PERIOD: FROM: 08/01/2009 THROUGH: 07/31/2010																																																									
8. TITLE OF PROJECT (OR PROGRAM): Minority AIDS Initiative Programs for Part A Grantees																																																									
9. GRANTEE NAME AND ADDRESS: SHELBY COUNTY GOVERNMENT 160. N. Main STE 800 Memphis, TN 38103-1866				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Dorothy D Jones SHELBY COUNTY GOVERNMENT 160 N Main St STE 801 Memphis , TN 38103-1800																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation <hr/> <table style="width: 100%;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$ 1,556,648.00</td></tr> <tr><td>p. INDIRECT COSTS: (Rate: % of S&W/TADC)</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$ 1,556,648.00</td></tr> <tr><td> i. Less Non-Federal Resources:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$ 1,556,648.00</td></tr> </table>				a. Salaries and Wages:	\$ 0.00	b. Fringe Benefits:	\$ 0.00	c. Total Personnel Costs:	\$ 0.00	d. Consultant Costs:	\$ 0.00	e. Equipment:	\$ 0.00	f. Supplies:	\$ 0.00	g. Travel:	\$ 0.00	h. Construction/Alteration and Renovation:	\$ 0.00	i. Other:	\$ 0.00	j. Consortium/Contractual Costs:	\$ 0.00	k. Trainee Related Expenses:	\$ 0.00	l. Trainee Stipends:	\$ 0.00	m. Trainee Tuition and Fees:	\$ 0.00	n. Trainee Travel:	\$ 0.00	o. TOTAL DIRECT COSTS:	\$ 1,556,648.00	p. INDIRECT COSTS: (Rate: % of S&W/TADC)	\$ 0.00	q. TOTAL APPROVED BUDGET:	\$ 1,556,648.00	i. Less Non-Federal Resources:	\$ 0.00	ii. Federal Share:	\$ 1,556,648.00	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE <table style="width: 100%;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$ 1,556,648.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$ 956,876.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$ 599,772.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$ 0.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$ 1,556,648.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$ 956,876.00	ii. Offset	\$ 0.00	c. Unawarded Balance of Current Year's Funds	\$ 0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$ 599,772.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$ 0.00
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13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </table>		YEAR	TOTAL COSTS	Not Applicable																																																			
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15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$ 0.00																																																									
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>																																																									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Please review attachment for remarks.																																																									
Electronically signed by Neal Meyerson, Grants Management Officer on: 12/23/2009																																																									
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1626000841A1		19. FUTURE RECOMMENDED FUNDING:																																																					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE																																																				
09-3770703	93.914	H3MHA08475A0	\$ 0.00	\$ 0.00	N/A																																																				

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Terms:

1. This Notice of Grant Award authorizes the carryover of an unobligated balance in the amount of \$956,876* from the budget periods, 08/01/07-07/31/08 & 08/01/08-07/31/09 into the current budget period. These funds can only be used for the purposes stated in your letter dated 10/19/09.

*Listed below is the source of UOB per grantee's correspondence dated 10/19/09.

FY 2007	\$550,000
FY 2008	+406,876
Total Carryover	\$956,876

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

NGA Email Address(es):

AC.Wharton@shelbycountyttn.gov;jdyson@hrsa.gov;Dottie.Jones@shelbycountyttn.gov;dottie.jones@shelbycountyttn.gov;ricci.hell

Note: NGA emailed to these address(es)

Contacts:

Program Contact: For assistance on programmatic issues, please contact Karen Mercer at:

HRSA/HAB/DSS
5600 Fishers Lane RM 7A-55
Rockville, MD 20857-0001
Phone: (301)443-0702
Email: kmercer@hrsa.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Janene Dyson at:

HRSA, OFAM, DGMO, GSFB
5600 Fishers Lane RM 11A-02
Rockville, MD 20857-0001
Phone: (301)443-8325
Email: jdyson@hrsa.gov
Fax: (301)594-4073

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.